



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PARKVIEW HUNTINGTON HOSPITAL

City of Hospital: Huntington

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Sonya Foraker

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Medicare Provider Number: 150091

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$47153313
Outpatient Patient Service Revenue	\$166129855
Total Gross Patient Service Revenue	\$213283168

2. Deductions From Revenue

Contractual Allowance	\$152082437
Other Deductions	\$0
Total Deductions	\$152082437

3. Total Operating Revenue

Net Patient Service Revenue	\$61200731
Other Operating Revenue	\$8536891
Total Operating Revenue	\$69737622

4. Operating Expenses

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Salaries and Wages	\$16364478	Employee Benefits	\$5408248
Depreciation and Amortization	\$1882392	Interest Expense	\$3187
Bad Debt	\$2903580	Other Expenses	\$36478701
Total Operating Expenses	\$63040586		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$9600607	Total Assets	\$75329587
Net Non-operating Gains over Loss	\$4441841	Total Liabilities	\$75329587
Total Net Gains	\$14042448		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$94890393	\$76769842	\$18120551
Medicaid	\$41507158	\$34129388	\$7377770
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$76885617	\$41183207	\$35702410
Total	\$213283168	\$152082437	\$61200731

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$352719	\$-352719

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$25000	\$-25000
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$83669	\$-83669

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$025939
Number of Citizens Exposed to Health Education Messages	\$025939

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1226182	
HCI Payments	\$0		
Subtotal	\$0	\$1226182	\$-1226182
Medicaid Shortfalls	\$7377770	\$12666768	
Subtotal	\$7377770	\$13892950	\$-6515180
DSH Payments	\$0		

	Subtotal	\$7377770	\$13892950	\$-6515180
Medicare Shortfalls		\$18120551	\$22319834	
Other Government Programs		\$0	\$0	
	Total	\$25498321	\$36212784	\$-10714463

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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